

DISCLOSURE SUMMARY PAGE 2009 JAN -6 PM 2: 38

FORM
DR-2
(Rev. 02/96)

For Office Use Only
Comm. #
Indexed
Audited
Computer

COMMITTEE NAME (Must be same as on Statement of Organization)

ASSOCIATION (AND 1 - 1415 of Lowe PAC

IMPORTANT: Indicate type of committee you are reporting for:

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates

SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

SIGNATURE OF TREASURER (or person filing this report)

(report date)

CONSULTANT BREAKDOWN (Schedule G Attached?)

15/2:3-2424 TELEPHONE

Decree 31 2005 REPORT FOR AN/A (1) ELECTION /(2)NON-ELECTION YEAR.

Indicate one

1.5.09 DATE SIGNED

YES

Penalties Due For Late Filed Reports Range from \$10 to \$400

CHECK IF AMENDMENT TO REPORT DATED	Local Committ	ees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	County & Loca which Election	al Committees, enter County in is held
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.) ADD TOTAL MONEY TAKEN IN THIS PERIOD Schedule A: Cash Contributions total (Attach Schedule A)	\$	106,728
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)	<u>-</u>	13,695
Schedule C: Fund-raising Events total (Attach Schedule C)		
Schedule F: Loans Received total (Attach Schedule F)	············ <u> </u>	
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	<u> </u>	
(Schedule H applies to Candidates' Committees Only)		
SUB-TO SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B)	OTAL\$	170 474 10
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	_	74
Schedule B: Expenditures total (Attach Schedule B)		\$ 30,455
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)		5 .4
UNPAID BILLS (From Schedule D - Attach Schedule D)		
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)		
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)		
CANDIDATE COMMITTEES ONLY:	_	·

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME	(Must be same as	on Statement of Organ	nization)
Associated	locaso Co	atracturs of	LOW RAC

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS	
1 —	CK THIS BOX IF	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
12-12-05	ID# CK#	Milt Dakovich P.O. Bax 2620		\$
14-17-02	ID#	Wet: 100, Ta. 50704		1000
12-12-09	CK#	B:11 Huber 2531 N.E. 97" P.		200
	ID#	Wayne Rock		,
12-12-04	CK#	23565 Hughway K45 One we In 51040		200-
1	ID#	Wells FAISS		= 04
1031.02	CK#	Des Maires. Ic. 50309 (nterest)	15604
	ID#	Wells Foise		1 58
11.30.09	CK#	Des Mains In 50304 (Inter	(1)	117 58
10 10 10	ID#	Denny Edwards		24
12.12.0%	CK#	P.O. Bet 497 Hampton, Ic. 50441	.*	200
	ID#	beonge Jessen		*
12.13.00	CK#	mason City, Zr. 56401		300-
	ID#	Dave Coots		
12:12:00	CK#	5739 22-1 Ave. 1121/ Vinten Is. 52349	·	*300-
/> /	ID#	Chiis Smith		f
12.12.04	CK#	5/4/ 240 1 5t. (/en. Luke, Ic. 504)=		100-
	ID#	But Linge		
12-12-64	CK#	1014 N. 3.4 Ave. Washington, It. 52353		160
			SUB-TOTAL	\$21.7402

TOTAL (if last page of this schedule)

Page # of 6

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Musi	t be same as or	n Statement of Orga	nization)	
Associated	General	Centratus	of Iousa	PA

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
12.12.62	ID# CK#	Cuit Monatt		\$ 500
	ID#	7230 Hyperica Point		
12.17.4	CK#	13:34 Neved 51. Tradicale 16 50135		100
12-17-69	ID#	Dick Rausel		300-
12 12	ID#	Bet 155 Foois, Ta. 50645		
12.12.08	CK#	Ton, Vieth 101 / East Spire St. Righterk. Ic. 50669		5-00-
12.13.00	ID#	B:11 Adams		700-
	CK#	414 Ualant Dr. 5, 5/e, Ta 512 49		
12.12.00		9501 Kinsell No.		200
12 . 1 - 10	ID#	Allison Benghie		100-
12-12-6:	CK#	P. U. B. x 18 E Dub Keiten. In. 5 0626		100
12-12.00		Jeff Glove 1332 Harrison Br.		+100-
	ID#	Clinton, Ic. 52732 Leonard Shipley		
12.17.4	CK#	P.O. Bex 36 Bullester, In. 5-2601		250-
12.12.00	ID#	B11711 1115en P.O. BIX 265		200
<u> </u>		Ceder Fells. In 50613	SUB-TOTAL	\$ 7350

TOTAL (if last page of this schedule)

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Page ______ of ______

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (A	flust be same as	on Statement of Organi	ization)
Associated	binis	Contractors	01 IO4- PA

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
CHECK THIS BOX I	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
	ID#	Ken Hansen		\$
12.12.06	CK#	126 Golf View Lane		1000-
	ID#	Washington, In. 52353		1000
	10#	Dennis Thier		5
12.12.4	CK#	610 211 Are. Co. 1 5.U.		100-
	ID#	Cal Koo'kar		*
12-12.4	CK#	507 Lee D1.		300
- 0 10 -		Le Mais. In. 5/03/		
	ID#	Dean Historises		1
12.12.15	СК#	202 W. Kintucky		100
	ID#	Indianala. Id. 50125		
12.12.05	CK#	Chuck Francisch Av. 5.W. Oxford. Tx. 52332		500
	ID#			
12.10.00	CK#	B. & Blue 1775 1 Brot The Rf.		300
	ID#	(curcil B / 1/5. Ia. 5/503		
12 17 x	CK#	1460 Sinea Rd. D.W.		100-
	ID#	Swish. In. 52328		
1212.4	CK#	Mark KIUSC 7:25 N.E. Miga 31.		100-
	ID#	Bondala. 1. 24. 3005'		
12.12.00	1	Mark 2000.11 1214 5304 81.		200-
		Chriskie, I- 5/0/2		
1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	ID#	Mark Ross		5-
12.12	CK#	310 S.E. 31 St. Anking In 50001		300
	<u></u>		SUB-TOTAL	\$ 3400'
				\$ 5400

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Page of 6

TOTAL (if last page of this schedule)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (Must	be same as on	Statement of Organization	on)
Associated	bennel	Continuous	of Jour Pax

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
CHECK THIS BOX AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
D-12.00	ID# CK#	Try Scholle 61)5 Shores Dr. Depositely, Th. 50322		\$ 50 31
2.12.05	ID# CK#	Roser Andressa 1577 Old Prills I Rd. Van Mitu Ic. 50261		700-
12.12.04	ID# CK#	Lyle Schlader 601 Freeman St. Charles City, In. 506/6		300
12.0.05	ID# CK#	Tom Scott 419 E. FairLill Just (17, ZC 522+5		625-
12.12.08	ID# CK#	Anien Moderns 355 Wedline Rl. Mason Cit, Ic. 50401		600
12.17.48	4	Pat (1, 100 2421 Park DI. West Des Meines In 5-0265		100
12-17-05		Keith Holge 300 4. 22-51. Allastic, IL. 5002	,	500
12-17.05	ID# CK#	Blod Wicks 1107 Skylin Dr. Decard. In SD161		500-
12.17.4	ID# CK#	Happe Garrett 411 Booth East 54. Bloomfield Id. 52537		100 -
12-19-06	ID# CK#	Dal- Tiefenthaler P.O.Box 159 Blede Ia: 51436		35-0-
		TOTAL (if last page	SUB-TOTAL of this schedule)	\$3225 ⁵¹

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Page for Schedule A)

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (M	ust be same as on Statement of Org	anization)
Associated	beneral Continuous	of Jawa PAL

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
12.19.00	ID# CK#	Randy Olson P.O. Box 155 Marion Ja. 5236)	3	\$ 50 -
12.19.05	ID# CK#	Rick Kullmin. 123 Engleview Ar. 60 The Bright Is 5 2052		500
12.14.0:	ID# CK#	Tony Mintt P.D. Bix 156 Dr. Witt. In. 52742		100-
12.14.15	ID#	Tom 20-dell 302 (ayote Dr. 5/012		200-
12 22-05	ID# CK#	Mark Brite 11: 6634 312 st. S.U. (Id., Repids, Ix. 52 404		100
12 22.02	ID# CK#	Rand, Soult 1315- 81st Ave. Rlue 61111. In 52726	·	250
12.31.00	ID# CK#	David Falk p.o. Box 77 st. Passer, Ia 50472		250-
1231.4!	ID# CK#	Bied Minatt 1319 Dis Avenue W. Newton In 50206		100
12.31.05	ID# CK#	John Rest, P. U. Bex 2D5 Des Mines. In 50316		100
12.31.0	ID# CK#	J-sse Strsri 7,78 Survise Ct. New Virgon Is. 52065	,	300
			SUB-TOTAL age of this schedule	\$ 1950

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

	•		
COMMITTEE NAME (Must	be same as on	Statement of Organiza	ation)
Associated	beach	Contractions	21 BW. PAL

SCHEDULE A (Rev. 02/96)	MONETARY RECEIPTS
	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED
W-310:	ID# CK#	Wells Faise 666 Welland Dir Moins - In 50369 (Intivid)		\$ 95-65
	ID# CK#			
	ID# CK#		:	
	ID# CK#			
1	ID# CK#			
	ID# CK#			
	ID#			
		TOTAL (if last na	SUB-TOTAL ge of this schedule	\$ 95-62

TOTAL (if last page of this schedule

of this schedule) \$ 13.695

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FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES. LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

	SCHEDULE	
	В	MONETARY
. [(Rev. 02/96)	EXPENDITURES

☐ CHECK THIS BOX IF AMENDING FORM

COMMITTEE	NAME (Must be s	ame as on Statement of Organization)	1	
1				
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
1027.05	ID# CK# <i>AUA9</i> ID#	Chase Cord Services P.D. Box 94014 Palatine, IL. 60094-4014	PAC Parties	\$ 275
10 %.0%	CK# 4°49	U.S. Bank P.O.B. + 790405 St. Lauis Mar 63179	Markedis-	4076
11.4.00	ID# CK# 4250	Dills Faiso Card Solving- F.O. Ber 6415 Carol Streen Il 60197	PAL Rudies	\$ 96 524
10:20 00	ID#	Wells Faiso 616 Wilnest Des Meinen I. 5 2309	Back Sorving ()	3196
11.20.00	ID# 13/2 CK# 4851	Pa-lsin For State Hour- P.O. Box 250 Hiswetha In 52232	contilution)	1000
11 JUS	CK# 455 2	Colum. Judy- Committer 1.0. Dox 6062 Des Mary, It. 50369	Contribution	\$ [2,000]
11-25 0	ID# CK# 4253	U.S. Bark P.O. BIX 790408 St. Lavis PON. 63179 :0405	PAL Aution	205 82
			SUB-TOTAL rage of this schedule)	\$ 16,52403

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Campaign funds may be used only for.

- (1) campaign purposes.
- (2) constituency expenses, and
- (3) educational and other expenses associated with duties of office.

Please insert the applicable number in the purpose column for each expenditure.

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 58.6(3)(i).)

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 02/96)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE	NAME (Must be s	ame as on Statement of Organization)		
ASSULI	ated Gener	1 Contradors of Isua Pt		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (CANDIDATES SEE BELOW & ENTER 1,2,3)	AMOUNT EXPENDED
12.01.00	ID# CK# 4154	(hi) ca. 1 Sivia - P. D. Bix 94014 Palatin, IL. 60094.4014	PAC Action	\$ 782 -4
11.20-04	ID# CK#	Wells Fargo 466 Wilnet Des Maiors In 50309	Brik Service ()	2415
12.17.00	4,55	Storm Lake Handa / Ardin Cat 207 Eist Milwaker Storm Lake Ic 505 88 1897	PA (Andin	*11,128
12-18-09	ID# 564 CK# 4256	Murphy For Representation 155 North Grandview Area Dubung For 32001	Control dia	1000
D-19.02	ID# CK# 4:57	Schults Audin Services P. O. Bix 101 Adel, In. 50003	PAC Aut	1575
12.23.86	ID# CK#	Wills Faise 666 Willert Des Moires-IL 50309	Bul Service ()	2170
-	ID#		()	
	***************************************		SUB-TOTAL	\$145314

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TOTAL (if last page of this schedule)